

#23

PATENT

T068



CERTIFICATE OF MAILING


I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below, addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

RECEIVED

APR 22 2004

OFFICE OF PETITIONS

Date: 4-16-04


Himanshu S. Amin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant: James M. Cisar

Examiner: W. Cuchlinski, Jr.

Serial No: 09/921,103

Art Unit: 3661

Filing Date: August 2, 2001

Title: PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION UNDER C.F.R. §1.47(b)

Dear Sir:

This is a Petition under 37 C.F.R. § 1.47(b) to proceed with the above-identified patent application although the inventor in the application has refused to execute the Supplemental Reissue Application Declaration.

James M. Cisar is the sole inventor of this application. A Supplemental Reissue Application Declaration was sent to Mr. Cisar by certified mail on June 10, 2003. To date, no response has been received from Mr. Cisar. A Statement of Facts is attached which fully

04/22/2004 AMONDAF1 00000046 501063 09921103

01 FC:1460

130.00 DA

describes the facts relied on to establish that a diligent effort was made to have Mr. Cisar execute a Supplement Reissue Application Declaration; however, Mr. Cisar has failed to do so.

Accordingly, Symbol Technologies, Inc., as assignee of the subject patent application is making application for patent pursuant to CFR § 1.47(b).

An executed Supplemental Reissue Application Declaration executed by Glenn Frankenger on behalf of Symbol Technologies, Inc. is enclosed herewith. This action is necessary to preserve the rights of Symbol Technologies, Inc. and to prevent irreparable damage.

The last known address of James M. Cisar is:

8770 North Kane Road

Wadsworth, Ohio 44281

CONCLUSION

Any additional fees that may be due in connection with this Petition can be charged to Deposit Account No. 50-1063 (Ref.: TELNP120USA).

Should the Patent Office believe that a telephone interview would be helpful to expedite this matter, the Patent Office is invited to contact Applicants' undersigned attorney at the telephone number listed below.

Respectfully submitted,
AMIN & TUROCY, LLP



Himanshu S. Amin

Reg. No. 40,894

24TH Floor, National City Center
1900 East 9th Street
Cleveland, Ohio 44114
Telephone (216) 696-8730
Facsimile (216) 696-8731

PATENT



T068

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**

APR 22 2004

OFFICE OF PETITIONS

In re patent application of:

Applicant: James M. Cisar

Examiner: W. Cuchlinski, Jr.

Serial No: 09/921,103

Art Unit: 3661

Filing Date: August 2, 2001

Title: PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATEMENT OF FACTS PURSUANT TO 37 C.F.R. §1.47

I, HIMANSHU S. AMIN, state as follows:

I am a partner with the law firm of Amin & Turocy, LLP, counsel for Symbol Corporation.

This Statement of Facts is made in support of Petition under 37 C.F.R. § 1.47(b) because the sole inventor has refused to execute the reissue declaration.

A *bona fide* attempt to secure the signature of such legal representative to join in the application, was made by the undersigned. Attached herewith is a copy of a letter dated June 10, 2003 (Exhibit A) sent to Mr. James M. Cisar by certified mail, return receipt requested, enclosing a Supplement Reissue Application Declaration. A copy of the certified mail return receipt indicating that the letter was signed for by Mr. Cisar on June 14, 2003 is attached hereto (Exhibit B). To date, no response has been received from Mr. Cisar.

The last known address of James M. Cisar is:

**8770 North Kane Road
Wadsworth, Ohio 44281**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.



Himanshu S. Amin
Amin & Turocy, LLP

EXHIBIT A

LAW OFFICES
AMIN & TUROCY, LLP
24TH FLOOR, NATIONAL CITY CENTER
1900 EAST 9TH STREET
CLEVELAND, OHIO 44114

RECEIVED

APR 22 2004

OFFICE OF PETITIONS

TELEPHONE: 216-696-8730

FACSIMILE: 216-696-8731

Direct e-mail: jsadlowski@thepatentattorneys.com

June 10, 2003

Mr. James M. Cisar
8770 North Kane Road
Wadsworth, Ohio 44281

Certified Mail
Return Receipt Requested
7001 2510 0005 7583 6749

Re: U.S. Patent Application Serial No. 09/921,103
PROGRAMMABLE MOBILE DEVICE WITH THUMB WHEEL
Filed: August 2, 2001
Inventor(s): James M. Cisar
Your Ref: T068
Our Ref: TELNP120USA

Dear Mr. Cisar:

Enclosed please find a copy of a Supplemental Reissue Application Declaration. If the Declaration meets with your approval, please sign and the date the declaration and return it to us in the enclosed self-addressed, stamped envelope.

If you have any questions, please call me.

Very truly yours,

Jeffrey R. Sadlowski

JRS/kmj
Enclosure

cc: Glenn Frankenberger, Esq.

7001 2510 0005 7583 6749

EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Mr. James M. Cisar 8770 North Kane Road Wadsworth, Ohio 44281</p>		<p>C. Signature</p> <p>X <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p>7001 2510 0005 7583 6749</p>			
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ 6.00
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65
<p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	